on completion of three years of their tenure of posting and CMO Incharge are transferred on completion of four years in a particular dispensary. Group 'B' officers in CGHS are transferred on the basis of individual request/official exigencies. By and larage, Group 'C' and 'D' staff in CGHS are transferred on completion of 4 to 5 years of their tenure of posting except in exigencies of service.

(c) and (d) No, Sir. The transfer policy is implemented in a phased manner keeping in view the administrative exigencies particularly in view of the prevailing shortage of staff due to economy in Govt. expenditure and subsequent ban relating to filling up of direct recruitment posts in the Government.

Health care schemes

522. SHRI S.S. CHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the State Governments are giving priority in launching health care schemes for those districts which are severely affected by Natural Calamities *i.e.*, drought, flood etc.;

(b) whether Government would come forward to financially assist those State Governments which are launching such health care schemes;

(c) if so, the details thereof; and

(d) if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Prioritisation of the districts vulnerable to natural calamities and launching of healthcare schemes in those districts for primary health care interventions like immunization, nutrition, drinking water and control of diseases of public health importance is the subject matter of concerned State Governments. However, no request has been received from the State Governments by the Department of Health for financial support for launching healthcare schemes in those districts.

The Central Government releases funds from the Calamity Relief Fund and National Calamity Contingency Fund. For this purpose, Department of Health, Government of India is represented in the Inter-Ministerial Central Team which *inter alia* does the damage

assessment in states affected by natural calamities. Assistance is recommended as per the Calamity Relief Fund/National Calamity Contingency Fund guidelines for *ex-gratia* payment in the event of death/injury resulting in hospitalization; restoration of primary health care infrastructure of immediate nature destroyed by the disaster; replacement of damaged medical equipments; provision of medicine; providing temporary health care through camp approach, supplementary nutrition etc.

HIV infected persons

†523. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons infected with HIV in the country and number of persons living in Delhi out of them;

(b) whether it is also a fact that baby delivered by woman suffering from HIV are likely to be infected with HIV;

(c) if so, the steps Government have taken to resolve this problem at war footing; and

(d) if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per the HIV Sentinel Surveillance 2001, there are estimated 3.97 millions HIV positive persons in the country and about 29,000 HIV positive persons in Delhi. As on 30th September, 2002, 713 AIDS cases have been reported by Delhi State AIDS Control Society.

(b) Yes, Sir. The risk of transmission of HIV from a HIV infected women to her baby is about 30 percent

(c) and (d) The Government has undertaken feasibility studies in eleven Centres located in the high prevalence States namely Maharashtra (5), Tamil Nadu (3), Karnataka (1), Andhra Pradesh (1) and Manipur (1). These interventions utilize anti-retroviral drugs AZT (Zidovudine) and Nevirapine as a possible therapy that will reduce mother to child transmission (PMTCT). Encouraged with the results, Government is in the process of a phased scaling up

†*Original notice of the question was received in Hindi.*